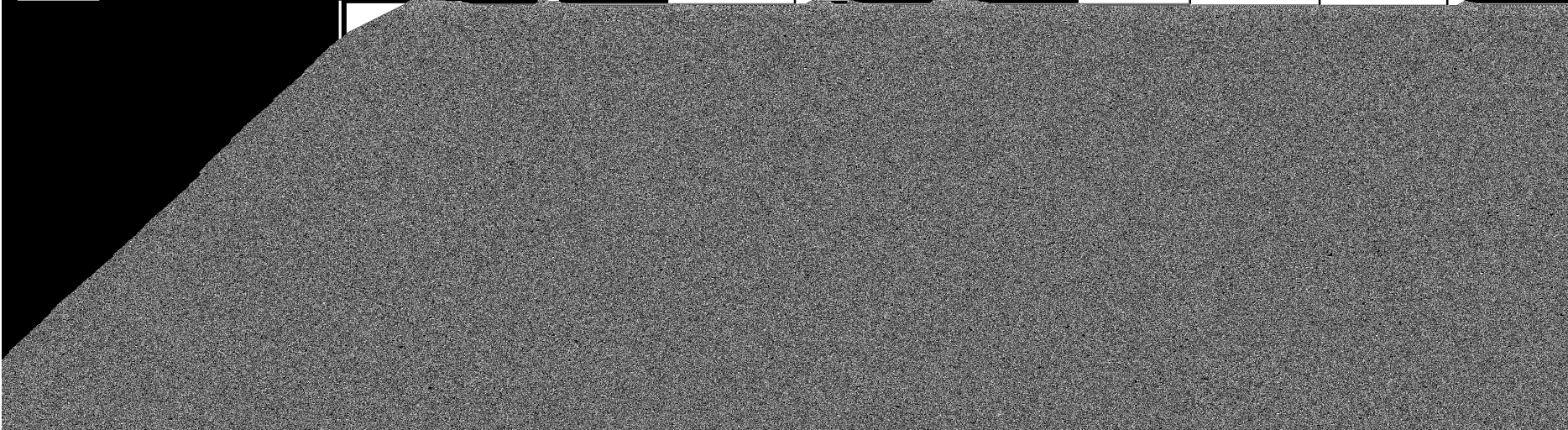


								Moda		



	Kaiser Medical Plan 1 In-Network	Kaiser Medical Plan 1 Out-of-Network	Kaiser Medical Plan 3 HSA Optional In-Network	Kaiser Medical Plan 3 HSA Optional Out-of-	Moda Medical Plan 1 In-Network Coordinated Care ⁵	Moda Medical Plan 1 In-Network Non-Coordinated Care ⁶	Moda Medical Plan 1 Any Out-of-Network Services	Moda Medical Plan 6 HDHP HSA Compliant In-Network C	Moda Medical Plan 6 HDHP HSA Compliant In-Network Non-Care%	Moda Medical Plan 6 HDHP HSA Compliant Any Out-of-

	Kaiser Medical Plan 1 In-Network	Kaiser Medical Plan 1 Out-of-Network	Kaiser Medical Plan 3 HSA Optional In-Network	Kaiser Medical Plan 3 HSA Optional Out-of-Network	Moda Medical Plan 1 In-Network Coordinated Care ⁵	Moda Medical Plan 1 In-Network Non-Coordinated Care ⁶	Moda Medical Plan 1 Any Out-of-Network Services	Moda Medical Plan 6 HDHP HSA Compliant In-Network Coordinated Care ⁵	Moda Medical Plan 6 HDHP HSA Compliant In-Network Non-Coordinated Care ⁶	Moda Medical Plan 6 HDHP HSA Compliant Any Out-of-Network Services
	N/A	N/A	N/A	N/A	\$100 copay+ 20% after deductible	\$100 copay+ 20% after deductible	\$100 copay+ 50% after deductible	20% after deductible	25% after deductible	50% after deductible
	N/A	N/A	N/A	N/A	\$500 copay+ 20% after deductible	\$500 copay+ 20% after deductible	\$500 copay+ 50% after deductible	20% after deductible	25% after deductible	50% after deductible
	\$150 per visit (waived if admitted)	\$150 per visit (waived if admitted)	20% after deductible	20% after deductible	\$100 copay+ 20% after deductible	\$100 copay+ 20% after deductible	\$100 copay+ 20% after deductible	20% after deductible	25% after deductible	See Plan Handbook
	\$75	\$75	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	25% after deductible	See Plan Handbook
	10%	Not covered	20% after deductible	Not covered	10% after deductible	10% after deductible	50% after deductible	20% after if	25% after deductible	50% after deductible

c

deductible

	Kaiser Medical Plan 1 In-Network	Kaiser Medical Plan 1 Out-of-Network	Kaiser Medical Plan 3 HSA Optional In-Network	Kaiser Medical Plan 3 HSA Optional Out-of-Network						
Out-of-pocket (OOP) maximum	Rx applies toward plan OOPmax	Rx applies toward plan OOPmax	Rx applies toward plan OOPmax	Rx applies toward plan OOPmax						
Retail										
Value	N/A	N/A	\$0	N/A						
Generic (Kaiser Plans)/ Select generic (Mada Plans)	\$10 per 30-day supply	See Plan Handbook	20% after deductible	See Plan Handbook						
Preferred brand	\$30 per 30-day supply	See Plan Handbook	20% after deductible	See Plan Handbook						
Non-preferred brand	\$50 per 30-day supply if criteria met	See Plan Handbook	20% after deductible	See Plan Handbook						
Mail										
Value	N/A	N/A	N/A	N/A						
Generic (Kaiser Plans)/	\$20 per 90-	See Plan /	90 p	i						
			Value	N/A	N/A	N/A	5	É	c	\\Tik
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Full and partial dentures, relines, rebases	50%	50%	\$100 copay ³
Bridge retainers and pontics	50%	50%	\$250 copay ³
Orthodontics			
Orthodontic treatment	80% to \$1,800 lifetime max	NO ORTHO COVERAGE on this plan	\$2,500 copay + \$20 per visit

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